Covid-19 and mental health: a transformational opportunity to apply an evidence-based approach to clinical practice and research

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Covid-19 was first recognised in December 2019 and is now posing critical challenges for public health, clinical research and medical care worldwide.1 The covid-19 outbreak has rapidly evolved into a fast-moving global pandemic, with world updates produced on a daily basis.2 For busy clinicians, this presents a problem of information overload: while there is a sea of information, finding easily accessible, reliable and up-to-date answers to immediate clinical questions can be difficult and time-consuming. The data available are a broad sweep of official guidance from different organisations (including specialty-based, country-based and worldwide), original research papers, personal/professional experiences and commentaries.

Mental health patients are particularly vulnerable in the context of covid-19, both directly because of their mental health difficulties, but also because of some of the long-term effects of psychotropic medication (such as metabolic syndrome with long-term antipsychotics), comorbid physical health problems and the effects of smoking.3 These factors together mean they are more vulnerable both to covid-19 itself and its complications, as well as to the adverse psychological effects of measures such as self-isolation and disruption to their normal healthcare and lifestyle.4 Moreover, the field of mental health is a particularly challenging area in which to source evidence related to covid-19. Covid-19 is primarily a respiratory disease and so much of the guidance and papers focus on the physical manifestations and their management. Mental health reports to date have generally examined the physical manifestations and its complications, as well as to the adverse psychological effects of measures such as self-isolation and disruption to their normal healthcare and lifestyle.4

In the context of covid-19, both service delivery and clinical practice and research are a particular challenge, with embedded hyperlinks for ease of use (https://oxfordhealthbrc.nihr.ac.uk/our-work/oxppl/covid-19-and-mental-health-guidance/). The rapid timescale of response was important: the initial request was received on 26 March 2020, the final summary tables completed on 30 March 2020, then reviewed by senior clinicians from different subspecialties and professional groups (including medicine, nursing and pharmacy). The web page went live on 01 April 2020 (https://oxfordhealthbrc.nihr.ac.uk/our-work/oxppl/covid-19-and-mental-health-guidance/). We welcome any constructive feedback to improve the content/format and are happy to share the information in different translations.

Our second and parallel workstream is a systematic review of the evidence of the impact of covid-19 on mental health patients, and also on clinical mental health staff and delivery of care. A protocol was registered with PROSPERO (CRD42020178819).7 Time is always a challenge, but our aim is to carry out a rigorous systematic review conducted rapidly rather than a rapid review conducted less rigorously.

These are examples of how evidence-based medicine techniques can be applied quickly and successfully in a real-world situation. Evidence-Based Mental Health and the editorial board are happy to collect information about other similar examples and welcome submission of articles about the use and implementation of evidence-based mental health in clinical practice during the covid-19 pandemic.

The covid-19 pandemic and the challenges it presents are unprecedented within most of our lifetimes. The effects of the pandemic, the associated restrictions in social, occupational and healthcare contact are likely to be long-lasting and wide-ranging. Many ways of living and working will not be the same again. So, this moment represents a step change in many areas of our lives, but, as well as loss of freedoms, this also offers the opportunity for positive change. For mental healthcare, both service delivery and clinical research, many of these changes will be transformational. Systems of healthcare...
frequently get ‘stuck’ in ways of operating. The restrictions associated with covid-19 have forced both clinicians and patients to reappraise care and to focus on what is absolutely essential and evidence-based. New ways of contacting and assessing patients using telemedicine have been rapidly adopted. Healthcare systems, such as the National Health Service, have implemented Information Technology systems to support home working and telephone consultations at a rate which would have seemed impossible in normal circumstances. The current situation has given organisations the urgency to implement these quickly and the impetus to patients to try them positively and proactively. Advantages such as efficiency, rapid access to subspecialty expertise and ease of treating patients in their own homes can be used positively well after the pandemic has gone.\(^8\) This change also applies to clinical research where we have an opportunity to think creatively and flexibly about the most efficient and appropriate ways of working, embracing technology to use for example e-consent and videoconferencing more widely.

In order to reappraise effectively our new ways of working, both in the immediate management of issues during the pandemic and also during the longer-term aftermath, we need fast-track implementation of evidence-based medicine techniques in mental health to supply the best evidence to clinicians on specific questions in real time. Digital mental health is definitely the way forward.\(^9\) Out of adversity can come new growth, and amidst all the challenges, we should not lose sight of the new advances we can make.\(^10\)

**References**